

# SURVEY ABOUT WALKING AND BIKING TO SCHOOL

## - FOR PARENTS -

**Dear Parent or Caregiver,**

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 10 - 15 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

**These first few questions gather some general and background information.**  
Remember, all information will be confidential, and no identifying information will be released.

1. What is the grade of the child who brought home this survey? (K – 8) \_\_\_\_\_ grade
2. Is the child who brought home this survey male or female? ☐ MALE ☐ FEMALE
3. How many children do you have in Kindergarten through 8<sup>th</sup> grade? \_\_\_\_\_ children
4. What is your ZIP Code? (please provide ZIP +4 if known) \_\_\_\_\_ ZIP code  
(note: many utility bills will show your ZIP +4)
5. How far does your child live from school? (choose one)  

<input type="checkbox"/> a. less than 1/4 mile	<input type="checkbox"/> d. 1 mile up to 2 miles
<input type="checkbox"/> b. 1/4 mile up to 1/2 mile	<input type="checkbox"/> e. More than 2 miles
<input type="checkbox"/> c. 1/2 mile up to 1 mile	<input type="checkbox"/> f. Don't know

6. On most days, how does your child arrive at school and leave for home after school? (circle one choice per column)

Arrive at school	Leave for home
a. Walk	a. Walk
b. Bike	b. Bike
c. School Bus	c. School Bus
d. Family vehicle (only with children from your family)	d. Family vehicle (only with children from your family)
e. Carpool (riding with children from other families)	e. Carpool (riding with children from other families)
f. Transit (city bus, subway, etc.)	f. Transit (city bus, subway, etc.)
g. Other (skateboard, scooter, inline skates, etc.)	g. Other (skateboard, scooter, inline skates, etc.)

7. How long does it normally take your child to get to/from school? (check one choice per column)

Travel time to school	Travel time from school
<input type="checkbox"/> a. Less than 5 minutes	<input type="checkbox"/> a. Less than 5 minutes
<input type="checkbox"/> b. 5 - 10 minutes	<input type="checkbox"/> b. 5 - 10 minutes
<input type="checkbox"/> c. 11 - 20 minutes	<input type="checkbox"/> c. 11 - 20 minutes
<input type="checkbox"/> d. More than 20 minutes	<input type="checkbox"/> d. More than 20 minutes
<input type="checkbox"/> e. Don't know / Not sure	<input type="checkbox"/> e. Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school in the last year? (check one box) ☐ YES ☐ NO

9. At what grade would you allow your child to walk or bike without an adult to/from school? (select a grade between K-8)

Grade (K-8) \_\_\_\_\_ (or ☐ I would not feel comfortable at any grade)

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (check all that apply)

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (circle one per line)

(☐ My child already walks or bikes to/from school)

<input type="checkbox"/> Distance	YES	NO	Not Sure
<input type="checkbox"/> Convenience of driving	YES	NO	Not Sure
<input type="checkbox"/> Time	YES	NO	Not Sure
<input type="checkbox"/> Child's participation in before/after-school activities	YES	NO	Not Sure
<input type="checkbox"/> Speed of traffic along route	YES	NO	Not Sure
<input type="checkbox"/> Amount of traffic along route	YES	NO	Not Sure
<input type="checkbox"/> Adults to walk or bike with	YES	NO	Not Sure
<input type="checkbox"/> Sidewalks or pathways	YES	NO	Not Sure
<input type="checkbox"/> Safety of intersections and crossings	YES	NO	Not Sure
<input type="checkbox"/> Crossing guards	YES	NO	Not Sure
<input type="checkbox"/> Violence or crime	YES	NO	Not Sure
<input type="checkbox"/> Weather or climate	YES	NO	Not Sure
<input type="checkbox"/> Other _____	YES	NO	Not Sure
<input type="checkbox"/> Other _____	YES	NO	Not Sure

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (check one box)

Strongly Encourage ☐ Encourage ☐ Neither ☐ Discourage ☐ Strongly Discourage ☐

(Questions 13 and 14) Please answer these two questions based on your feelings (or what your child has told you) about your child walking or biking to/from school *whether or not your child actually walks or bikes to/from school*.

13. How much FUN is walking or biking to/from school for your child? (check one box)

Very Fun  
☐

Fun  
☐

Neutral  
☐

Boring  
☐

Very Boring  
☐

14. How HEALTHY is walking or biking to/from school for your child? (check one box)

Very Healthy  
☐

Healthy  
☐

Neutral  
☐

Unhealthy  
☐

Very Unhealthy  
☐

15. (a) How many full years of regular school have you completed? \_\_\_\_\_ years  
(grade school through graduate school)

(b) Your spouse/partner's education? (if applicable) \_\_\_\_\_ years

16. Please provide any additional comments below (use the back of this page, if needed):

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**Thank you for participating in this survey!**

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### Interested in Learning More?

If you are interested in discussing the conditions related to walking or biking to your child's school, please provide your contact information below (Your name will not be associated with the results of this survey!):

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_